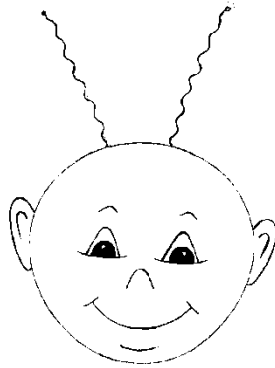


# ***Bringing 9 months' learning together***

## ***Strategies for the aware and empathetic Communication Provider:***



**Build relationship,**

**Communicate with respect and  
emotional competence**



**Follow-up course**

Ane Haaland, Mwanamvua Boga,  
with all trainers

# Referencing and acknowledging the iCARE-Haaland model

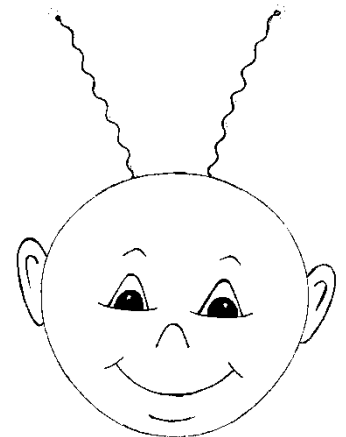
- *Please feel free to use and adapt the material in this presentation, and the model it is built on, by referring to the model, and the authors:*
- This presentation is adapted from «**Strategies for the aware and empathetic communication provider**», which is part of the learning materials in the iCARE-Haaland model.
- **To reference this content please use the following:** Haaland A, with Boga M, 2020. Communicating with awareness and emotional competence: introducing the iCARE-Haaland model for health professionals across cultures. With contributions from training teams, Vicki Marsh and Sassy Molyneux
- <https://connect.tghn.org/training/icare-haaland-model/>
- The authors' names should remain on the presentation, with a by line recognizing the person who (has adapted and) is presenting the presentation

# Objectives

- Review what we have learnt, check what is not clear, and fill in «holes»
- **Enjoy and reflect on our new strategies by:**
  - showing them,
  - sharing them,
  - looking at effect,
  - exploring the reasons for the effects
  - and by appreciating each others' learning
- Clear remaining questions
- Inform about further process to build skills, as individuals, with colleagues and with the group

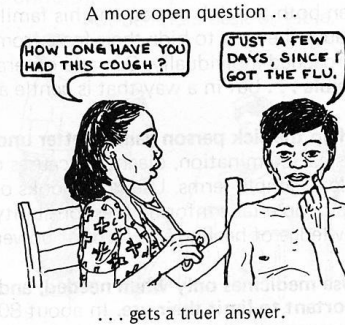
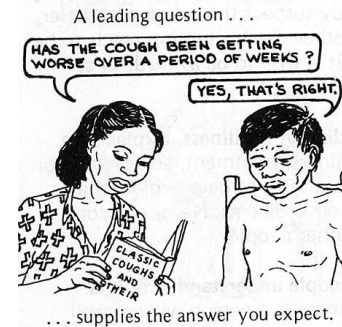
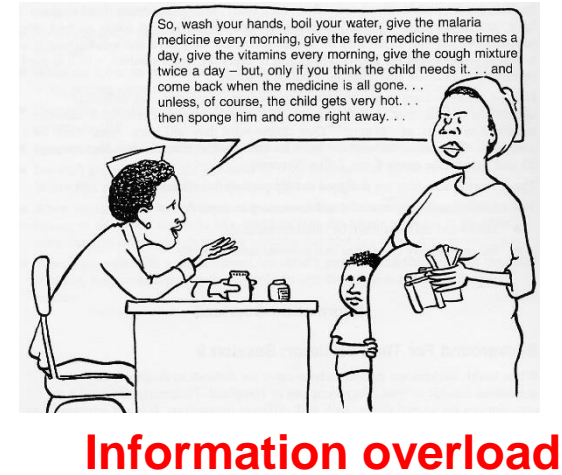
# Best practice examples

- Show your **best practice** examples to plenary
- Buzz to identify, then discuss in plenary –
  - **Main skills used**
  - **Effects on the other(s)**
  - **Reasons it worked well**
  - **Lessons learnt**
- Continue same process with next example(s)



# Reasons patients don't learn:

## A. Communication methods



**How people change**

**One way information**

**Asking questions**

**Discuss: how are you overcoming these reasons now? Changes you have made?**

*Reasons why patient dont learn:*

**HPs' lack of awareness on what makes people change**



# *Reasons why patient dont learn:* **Judging the patients as ignorant**

YOUR CHILDREN GET SICK BECAUSE OF YOUR OWN DIRTY HABITS. OF COURSE YOU DON'T MEAN ANY HARM, YOU JUST DON'T KNOW ANY BETTER. BUT I WILL TELL YOU WHAT TO DO, SO LISTEN CAREFULLY!



# ***Strategies for good communication:***

## **A. Build relationship with the patient**



***Share experiences of how you do this, and how it makes patients learn; SHOW it***



# Strategies for good communication:

## B. Respect and manage emotions



**Before?**

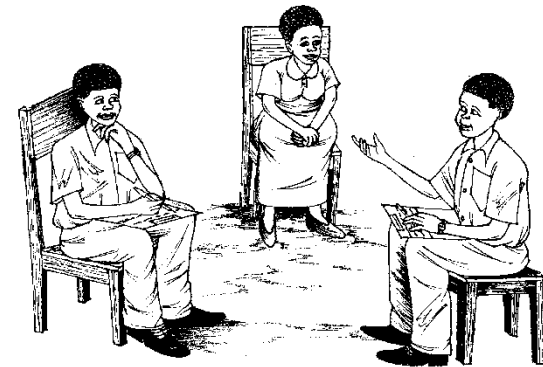
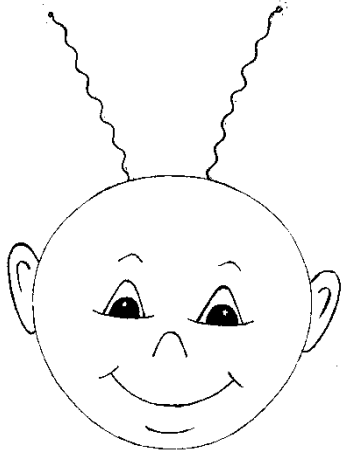


**Now?**

**Share experiences of how you do this, and how it makes patients learn; SHOW it**

# Strategies for good communication:

## C. Use key communication skills well



**Share experiences of how you do this, and how it makes patients learn; SHOW it**

# **Strategies for good communication:**

## **Summary: Dealing with emotions**

### **Step 1: Recognize:**

- Recognize own emotions when meeting a patient or dealing with colleagues.

### **Step 2: Acknowledge**

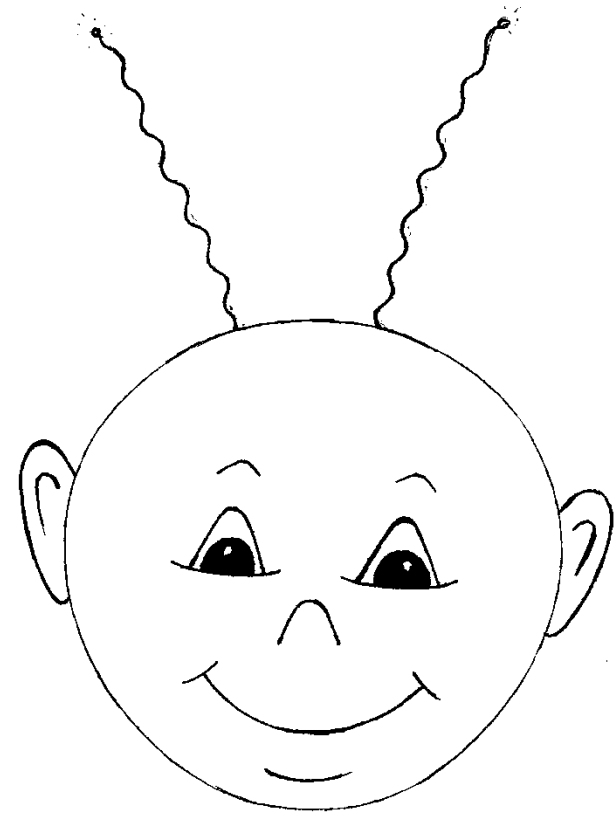
- Get antenna out

### **Step 3: Step back**

- Use awareness to set aside automatic reactions , be fully present

### **Step 4: Listen with ears, eyes and heart:**

- Show respect and appreciation
- If patient is upset, or scared – deal with emotions first
- This will enable patient to trust you, and then listen to the information you give –
- *and take ACTION on it*



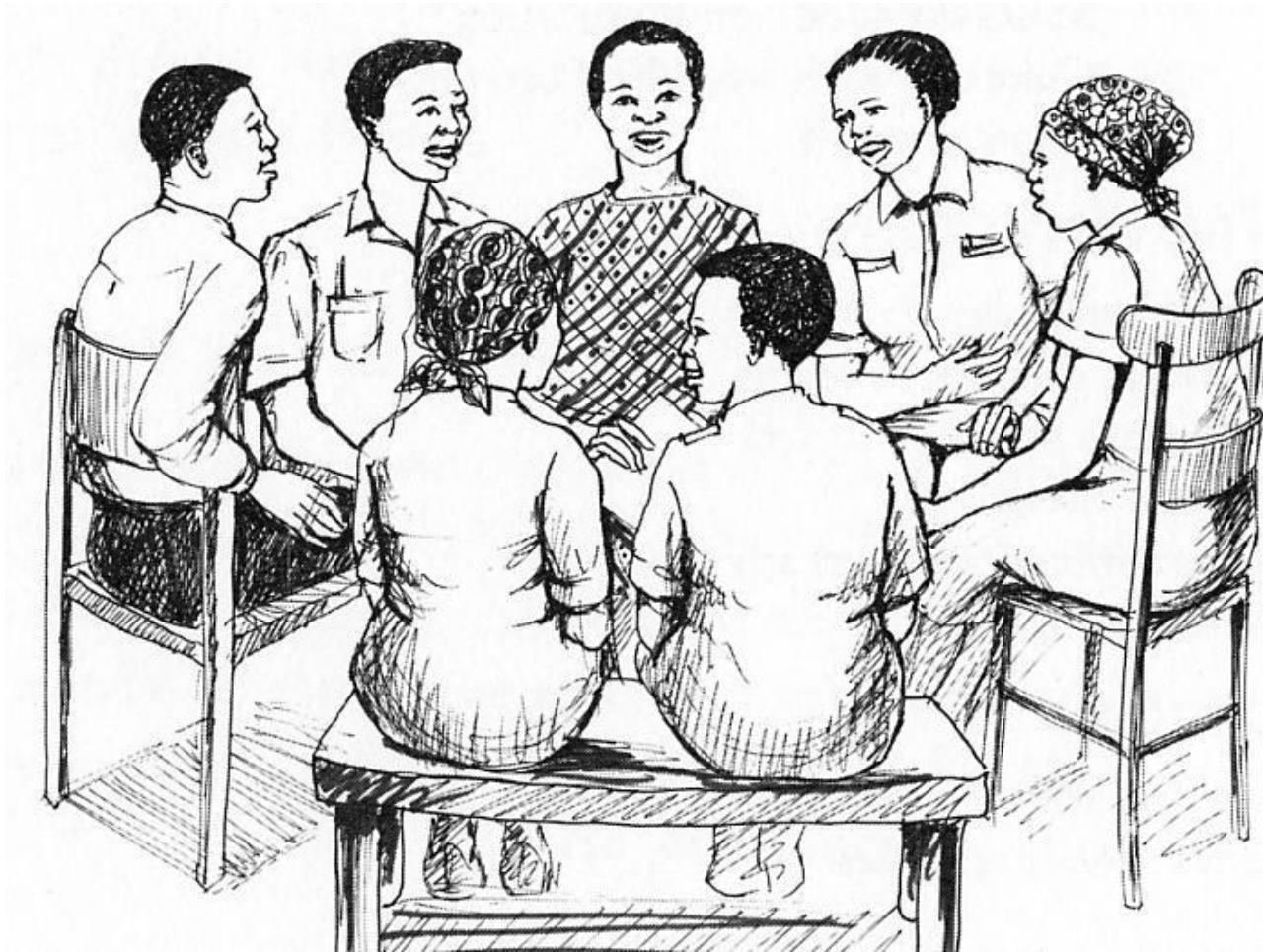
## Summing up strategies –

# Communicating with emotional competence

- **Read the situation:** Listen with ears, eyes and heart – recognize emotions, step back
- **Assess the need** of the patient – find reasons for problems: observing, asking, using empathy
- **Decide:** What is your **goal, together**
- **Choose strategy** to reach your goal – Act with awareness, to collaborate with and empower the patient



# Exercises



# Being a role model

- What is a role model?
- Who of you see yourself as a role model?
- How important are role models?



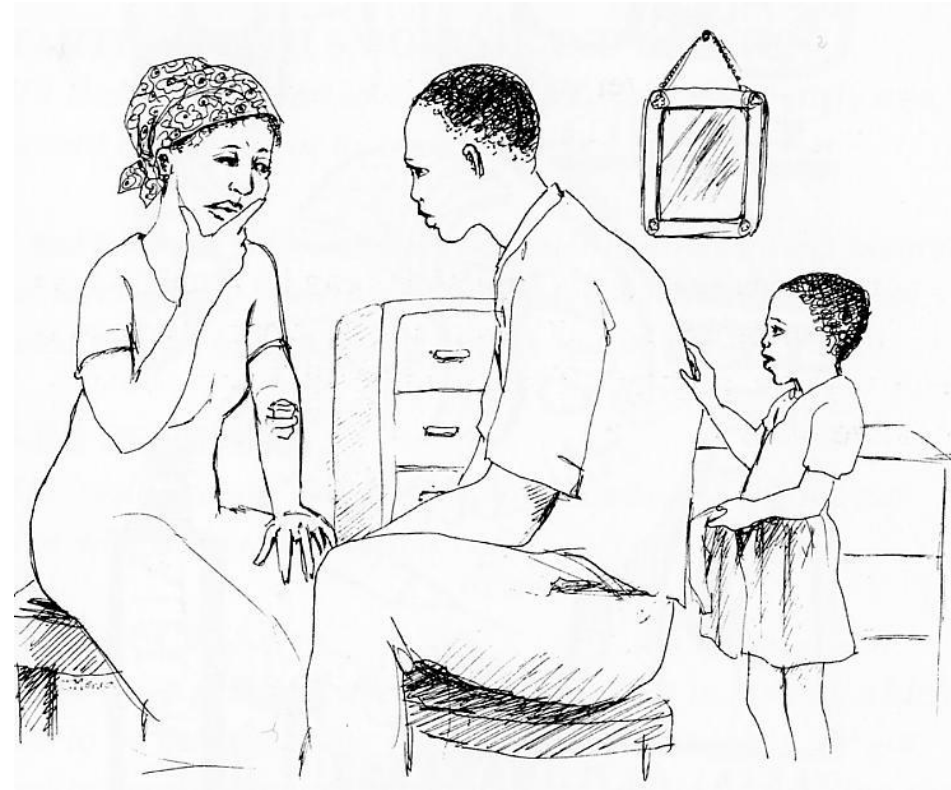
## Exercise – in pairs, discuss:

- Who is your role model? Characteristics?
- Which communication skills does the person use?
- What influence has the person had on your life?
- Set yourselves some realistic goals on how you will be a role model, and for whom
- *Which skills and strategies do you need to strengthen today, to be the model you want to be?*

## *Strategies for good communication*

# **Be a role model: Talk openly about emotions, and how to handle them**

- Fear of showing emotions = common
- Talking openly about emotions = useful for provider and patient
- Covering up emotions can cause misunderstandings and wrong treatment



# “Listening to long stories”

- ***“I am not good at listening to long stories especially during admission. I get irritated so fast so I will only take what is important”***

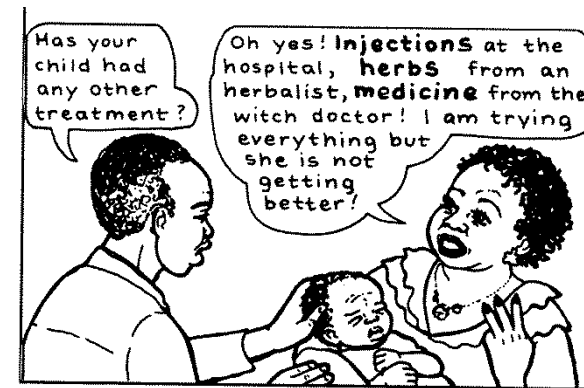




# Problem and exercise:

## Setting boundaries, with respect

- Patients go *on and on and on*
- You know what is coming – and want to complete the sentence for the patient
- You do not dare to stop the patient – you are afraid to hurt their feelings.



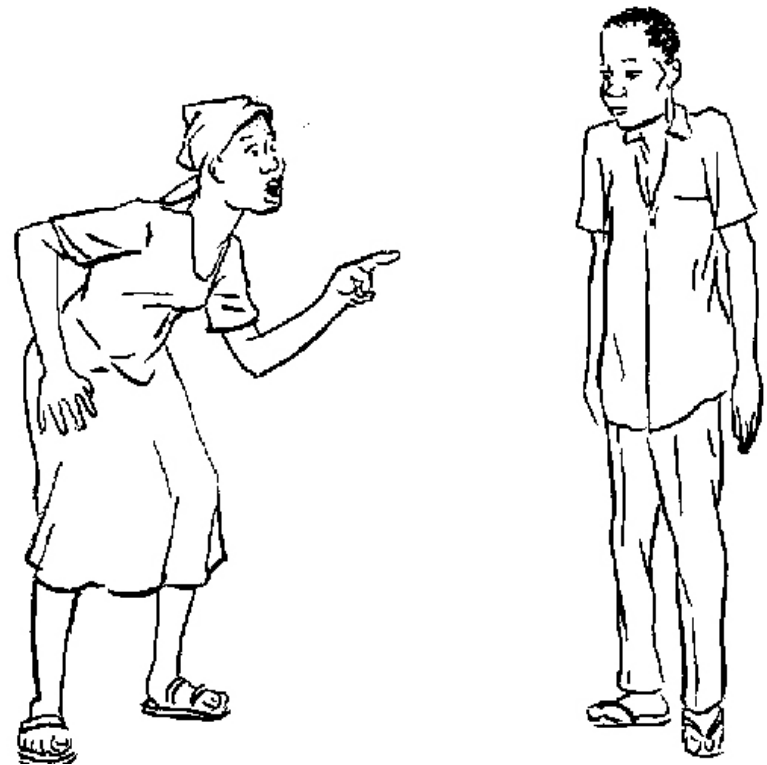
### BUZZ in groups of 3 –

- What do you think is going on here ?
- What about YOU? How do you feel?
- What happens if you continue to do this?
- *Discuss – and create a situation where you interrupt a patient with respect. Show it to class.*



# Exercise: **Stop abusive behavior,** and communicate constructively?

- *Patients or relatives abusing providers - **does it happen?***
- *How do you handle it?*
- *What are emotions behind action (abuse) and reaction (of provider)?*
- *Which skills would make a difference to you – to handle situations better?*
- **Trainers demonstrate**
- **Exercise:** *Discuss in groups – how stop a patient who is abusive to you, with respect*
- **Show it to the group**



# Apologizing to a colleague



- How often do we apologize when we are wrong?
- What makes it difficult to apologize?
- What happens when we DO apologize?
- How can we learn to apologize more often, constructively?

# Exercise: Apologizing to a colleague - receiving the apology gracefully?



- You have made a mistake which made your colleague do a lot of extra work

## **In pairs:**

- *Take turns to Apologize (handout)*
- *Discuss how it felt to give it, and to receive it*

## Example from a trainer:

# Apology works wonders - it facilitates mutual respect

- «I expected a very important phone call that had really kept me anxious the whole day. I went about my work as usual but late in the night the call came at a time I was attending to a patient. At this point I was examining the patient and I quickly told the patient "excuse me for a minute". I answered the phone and walked away to talk and I came back after about 5 minutes and found the patient waiting for me.
- Before I continued examining the child, I told the mother "I am very sorry that I had to dash out and answer the phone, it was an urgent call that I have been waiting for regarding my father who had been attacked and robbed in his house while sleeping at night and I really was eager to know how he was doing". I went ahead and said "I am very sorry for that and for not having had time to explain it to you before walking away".
- The patient was ok and actually told me "I hope he is ok" to which I replied "he is" and she said that she is going to pray for my father.
- I continued examining the child after which we had a discussion regarding the child's ailment and how we will approach care.»

# The effects of apology: Sharing vulnerability

**Apology:**  
*clears the air*  
*clears guilt, and*  
*makes both people*  
*feel good*

**NB:**  
**Learning to receive an  
apology gracefully  
= skill to be learnt!**



# *Effect of strategies for good communication*

**When providers feel safe, they give good care, and are good colleagues**



# How to create best conditions for learning

- Relate to and respect the patient as a person
- Respect patient's feelings, take care of them
- Listen, not interrupt, ask open questions
- Get into his idea. Let him identify solutions
- Give time to open up, establish trust, keep focus on patient
- Find time that suit patients, space that make them feel safe, and comfort that makes them want to ask questions
- Use peer work, and patients' own resources
- Pay attention to verbal and nonverbal communication
- Facilitate and respect confidentiality
- Do not judge because of moral, behavior etc
- Be supportive and positive, make patient feel he is important
- Use appropriate visuals
- Use constrictive feedback with colleagues and patients



# Dealing with **supervisor's anger**



# Supervisors' action **causes anger** – why do they act this way?

- *“I always feel resentful and feel like my freedom is denied and I am forced to do things. Most often I do not do what is agreed with a passion, I do not own the process and mostly feel like I am doing it for him not for the cause.”*
- *“Being criticized in front of my colleagues makes me irritated and outraged. I feel like I have been undressed in the open for everyone to laugh at me. I feel so vulnerable and so much alone. The need to protect myself just automatically sets in.”*



# Supervisors' action which **demotivates** staff

- Giving negative comments
- Criticize in front of patients or colleagues
- De-value ("You/your work is not important")
- Disregarding suggestions
- Using position to undermine
- Disrespecting, being rude
- Shouts for no (apparent) reason



## **Discuss:**

- *What can be the reasons behind supervisors' action?*
- *Why does he/she use power? What can be the emotions?*
- *How can you respond constructively - with respect?*

# Supervisors' action **motivate** – why do they act this way?

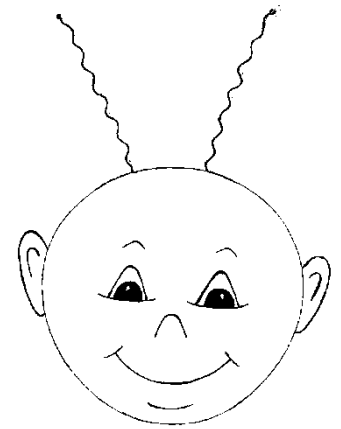
- *“Like when I was able to help the other with a writing paper then my supervisor acknowledged that I am always sorting out people during situations. It made me feel good and my spirits were up-lifted.”*
- *“When I am guided through a process I do not know in a respectful way; that is my views are respected how ever wrong I may be and in case I am wrong then be corrected discretely not telling the whole world that I am wrong.”*
- *“I feel appreciated and comfortable to continue working and improving. This reaction keeps me feeling strong and ready to continue with work and also feel geared to do better.”*

# Supervisors' action which **motivates** staff

- Respecting views and opinions
- Valuing work, talent and effort
- Appreciating + giving positive feedback
- Guiding instructively, helping to learn
- Listen + ask for reasons
- Corrects in privacy
- **Effect:** *Work better, have more energy, feel safe, give quality care*
- *“When my supervisor greets me with a bright and non-frowning face **I feel so safe to talk** and share information even so ask more questions.”*



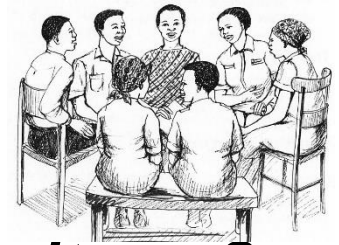
# Alternative actions – with awareness



## Discuss in groups:

### 1. *Reasons for supervisor's actions*

- *What can be the reasons behind supervisors' action?*
- *Why does he/she use power in a constructive way?*  
*What can be his/her emotions?*



### 2. *What can you do, to improve supervision «culture»?*

- *How can you respond more constructively to supervisors - with awareness and respect?*
- *How can you influence change in supportive supervision in your institution?*

# Step back – show respect to your supervisor



- *You cannot change your supervisor*

**BUT – you can use emotional competence:**

- Respect is contagious
- Maintaining your dignity, with awareness, will be noticed
- A supervisor who has been respected, will likely listen to you – next time
- When **YOU** make a change, people around you also change

***Additional slides:***

**An exercise, and  
repetition of strategies for  
taking care of their own emotions**



## *Strategies for good communication*

# Communicating well with colleagues



- **Discuss:**
- *What will you do differently with your colleagues after the course?*

## ***Strategies for good communication:***

### **B. Take care of own emotional needs**



#### **Discuss:**

- *What are your needs?*
- *How do you take care?*
- *How can you do it better?*



## ***Strategies for good communication: 5***

# **Taking care of own feelings: Sharing tips for what to do**

### **At work**

- Share with people you trust: burden of stress reduces
- Take a (tea?) break – breathe!
- Do something physical – walk?
- Share a joke, Smile
- Cry



### **At home**

- Listen to music, sing; read a book
- Look at photos with family – link to good moments
- Do something physical – swim, dance, walk, run
- Prepare a good meal, enjoy good smells

***Important: It should be to please YOU – not to please  
Someone else!***



## Strategies for good communication: 8

# Take care of «our softness»

- *“When we talk about vulnerability, we are not talking about weakness. What we are talking about is the basic sensitivity of all human beings.*
- *We humans are a finely tuned species. Most of us know very little about the fineness of this inner tuning. But all of us are amazingly sensitive to the world around us - particularly to other people and their moods and to the ambience of our physical surroundings.*
- *We respond with attraction or with discomfort and repulsion. We respond with warm, safe feelings or with anxiety, fear, and loneliness”*
- **Discuss:**
- **How does this relate to taking care of patients?**
- **How does it relate to taking care of yourself?**

*Strategies for good communication: 6*  
**Showing "the child in us" –  
important for building trust**

*Experiences from showing vulnerability/softness:*

- People get more respect for us
- We get positive feedback
- We inspire others to dare show their V
- We give others a gift; most accept with respect, and gratitude
- It brings people closer to each other
- It helps to develop trust
- It encourages people to help, and to receive help